

Oh, by the way, what did the Chief Actuary of the Centers for Medicare and Medicaid Services say?

The Reid bill is especially likely to result in providers being unwilling—

Unwilling—

to treat Medicare and Medicaid patients, meaning that a significant portion of the increased demand for Medicaid services would be difficult to meet.

The Chief Actuary went on to say:

The CMS actuary noted that the Medicare cuts in the bill could jeopardize Medicare beneficiaries' access to care.

I just heard the Senator from Rhode Island basically come out and say that was a fabricated thing on the part of somebody on this side of the aisle. I am quoting the Chief Actuary, the President's chief health care budgetary person. The Actuary said it "could jeopardize Medicare beneficiaries' access to care." He goes on to say that he finds that roughly 20 percent of all Part A providers—hospitals, nursing homes, et cetera—would become unprofitable within the next 10 years as a result of these cuts. Hospitals will close, nursing homes will close. This isn't fabrication. This is the Chief Actuary of the Centers for Medicare & Medicaid Services, who is part of this administration. The CMS's Actuary found that further reductions in Medicare growth, through the actions of the independent Medicare advisory board—this is the advisory board that is being set up to make determinations about coverage in the future—which advocates have pointed to as a central linchpin to reducing health care spending, may be difficult to achieve in practice.

In other words, we are making claims that aren't right, it is the authors of the bill who are making claims that are not accurate, according to the Chief Actuary.

I yield to the minority leader.

Mr. MCCONNELL. I say to my friend from North Carolina, if that were not bad enough—and it may have been referenced here on the floor before I came out—we have an announcement from the Congressional Budget Office just today. The Senator from North Carolina may have referred to this. On the Director's blog today—the Director of the Congressional Budget Office—is the headline: "Correction Regarding the Longer-Term Effects of the Manager's Amendment to the Patient Protection and Affordable Care Act."

CBO has discovered an error in the cost estimate released yesterday—yesterday—related to the long-term budgetary effect of the manager's amendment. They go on to say they were about \$½ trillion off in looking at the long-term effects beyond the 10-year window, which further illustrates why we ought not to be rushing this thing through, and we ought to have further opportunity to discover what other problems there are, in addition to the ones the Senator from North Carolina has outlined with regard to special treatment for some States which all the rest of our States have to pay for.

Mr. BURR. The minority leader makes a great point. If we waited another day to vote, we might save another \$½ trillion. That is probably in the best interest of the American taxpayer.

I will wrap up, Mr. President, because I know Dr. COBURN wants to speak. Let me say this. I said earlier this still steals \$464 billion from Medicare. It also still raises taxes and fees to the tune of \$519 billion. Many of those taxes and fees, by the way, are going to impact people well below the \$200,000 threshold the President promised he would never touch.

We have just learned in the managers' amendment that we have dropped the doctor fix. They should be comforted in knowing that they have a 2-month extension, but the 1-year extension was dropped in the managers' amendment. Dropped. Why? Because they had to pay for what they were doling out to get extra votes.

I ask unanimous consent at this time, Mr. President, to set aside the pending amendment, and I wish to call up amendment 3134, which is a 3-year doctor fix of the SGR and ask for its immediate consideration.

The PRESIDING OFFICER. Is there objection?

Mr. BAUCUS. For the sixth time we are engaged in this stunt, so I object.

The PRESIDING OFFICER. Objection is heard.

Mr. BURR. Well, Mr. President, my hope is no other Member from the other side will come to the floor and say that Republicans haven't come up with substantive amendments to this bill.

Dr. COBURN and I participated in 56½ hours in the HELP Committee. We offered numerous amendments. Some technical amendments were accepted. The amendments that meant anything were rejected along party lines. We have filed a comprehensive health care reform bill—the first one introduced in Congress—in May of this year, I believe. Still, Members from the other side come to the floor and say Republicans haven't offered anything. We were the first. They may not have liked it, but we were the first.

You know what, it doesn't cost this much and it doesn't raise taxes. I think Dr. COBURN will later talk about that bill a little.

I was glad to see that politics comes from all sides. In the managers' amendment we dropped the tax on botox. Hollywood spoke out about this tax on one of their health care tools. And what did we replace it with? We have now put a 10-percent tax on tanning salons. How in the hell does that affect health care? Explain that to me. Are we going to tax everything in this country? I can make a tremendous case that the 10-percent tanning salon tax gets exactly the person that the President said he wasn't going to affect, people who make under \$200,000—or are we income testing the tanning tax, too?

Mr. COBURN. Would the Senator yield for a question?

Mr. BURR. I yield to the Senator from Oklahoma.

Mr. COBURN. If we are going to tax tanning salons, why don't we tax anybody who goes to the beach? Because true sunlight is much worse for your skin than a tanning salon. So if the intention was to prevent disease, why wouldn't we tax it where most of the disease occurs? Or how about kids' sports in the summer. Let's tax kids' baseball. Or swimming. Let's tax all the swimming pools because we have exposure to UV light.

This shows the precariousness and the silliness of a large portion of this, and I yield back.

Mr. BURR. The Senator makes a great point, and I am sure we have loaded the chairman of the Finance Committee with additional good ideas he can go back and think on. I am sure before it is over, we will fine parents who don't put suntan lotion on their children—especially if it doesn't meet high enough SPF to block everything the Sun might produce.

This is out of control. This is not the way to write a bill that affects one-sixth of the U.S. economy. I mean it is bad enough it is done behind closed doors, in a back room, with only a few people there, but when the No. 2 Democrat can walk on the floor and say: I haven't seen it, either—well, if the No. 2 Democrat hasn't seen it, how many people were there? How many people had input into this? Was it just Leader REID and Senator NELSON? Was it the Presiding Officer from Minnesota? Nobody knows. Nobody knows. The truth is, and what we do know is that the American people don't like the process, and more importantly the American people don't like the bill.

The chairman of the Finance Committee and others have said: But once it is out there and they get a taste of this, they are going to like it then. Well, let me remind my colleagues: It is too late. The Chief Actuary already told us: Hospitals are going to close, nursing homes are going to close, doctors are going to quit practicing medicine. They will quit seeing Medicare and Medicaid beneficiaries. How do you repair that after you have done the damage? Are we willing to risk that for the future of this country and generations yet to come?

Boy, we have a few hours—8 or 10 hours—before we vote. I hope people get some sense. I hope they pull back from this. Let's leave for Christmas. Let's think about this. Let's go home and talk to people. Let's listen to people in this country. If we do, we might come back, get a new piece of paper, take some of the things in this bill and take some of the things we have talked about on this side of the aisle, take some of the things the American people have talked about, and find a way for 100 percent of the doctors, nurses, and hospitals to survive; find a way for 100 percent of the American people to have coverage, and not the 31 million covered in this bill, leaving 24 million outside the scope of coverage.